

<p>Notification of Change of Laboratory Contact in Medical Test Site Office of Laboratory Quality Assurance 1610 NE 150th Street, Shoreline, WA 98155 FAX 206-418-5505</p>
--

License # MTS-_____CLIA #_____Fax #_____

MTS Name _____Effective date of change_____

Name of new laboratory contact:

E-mail address of laboratory contact: